ODOUD	DENESTO	BASIC REQUIREMENTS*									
GROUP	BENEFITS	Basic Eligibility Requirement	Income Limit (Updated 4/2016)	Resource Limit (Updated 4/2016)		Deductible/ Spend down	Special Provisions				
Beneficiaries of Cash Assistance Programs AAF, S-ABD,		Beneficiaries of the following programs are automatically entitled to Medicaid. No separate application or Medicaid eligibility determination is required. The cash assistance programs are:  • Supplemental Security Income (SSI) – Federal cash assistance program for the aged, blind, and disabled.  • State/County Special Assistance – State cash assistance program for aged and disabled individuals, primarily who									
MSB SSI cases	Full Medicaid Coverage	<ul> <li>adult care homes.</li> <li>Special Assistance to the Blind – State cash assistance program for blind individuals.</li> </ul>									
		cash assistance to fami	lies with children. E SISTANCE/COUNT	XCEPTION: Thi	s progra	ral Temporary Assistance to Needy Families law that provides am has been de-linked and a separate Medicaid application is now SERVICES TO THE BLIND- have been de-linked from Medicaid.					
Aged MAA	Full Medicaid Coverage	Age 65 or older	100% of Poverty 1 - \$ 990/mo 2 - \$1,335 /mo	SSI Limits 1 - \$2,000 2 - \$3,000	YES	If income exceeds income limit and the indicator is "yes," the individual or family may be	Protection of income for spouse at home: \$2,003/mo up to \$2,981/mo				
Blind MAB	Full Medicaid Coverage	Blind by Social Security Standards	100% of Poverty 1 - \$ 990/mo 2 - \$1,335/mo	SSI Limits 1 - \$2,000 2 - \$3,000	YES	able to be eligible for Medicaid if they can meet a deductible.  See discussion of Medical Deductible on page 2 of this	Protection of resources for spouse at home: \$23,844				
Disabled MAD	Full Medicaid Coverage	Disabled by Social Security Standards	100% of Poverty 1 - \$ 990/mo 2 - \$1,335 /mo	SSI Limits 1 - \$2,000 2 - \$3,000	YES	same column.	up to \$119,220.				
Health Care for Working Disabled (HCWD) MAD	Full Medicaid Coverage	* <u>See Footnote</u>	150% of Poverty 1 - \$1,485/mo 2- \$2,003/mo	Min. CSRP limit \$23,844	NO		Transfer of resources: When a person gives away resources and does not receive compensation with a value at least equal to that of the resources given away, he may be penalized. Medicaid will not pay for care in a nursing facility or care provided under the Community Alternative Program (CAP) or other inhome health services & supplies for a period of time that depends on the value of				
Qualified Medicare Beneficiaries MQB-Q	Payment of Medicare premiums and deductibles and co- insurance charges for Medicare covered services	Entitled to Medicare Parts A & B	100% of Poverty 1- \$ 990/mo 2- \$1,335 /mo	1 - \$7,280 2 - \$10,930	NO	Individuals in nursing facilities generally do not have to meet a deductible to be eligible for Medicaid.					
Specified Low Income Medicare Beneficiaries MQB-B	Payment of Medicare Part B premium.  NOTE: Total number of eligible individuals is limited to available funds	Entitled to free Medicare Part A NOTE: Total number of eligible individuals is limited to available funds	120% of Poverty 1 - \$1,188/mo 2 - \$1,602/mo	1 - \$7,280 2 - \$10,930	NO	However, they must pay all of their monthly income, less a \$30 personal needs allowance and the cost of medical expenses not covered by Medicaid or other insurance to					
Qualifying Individual MQB-E	Payment of Medicare Part B Premiums	Entitled to free Medicare Part A	135% of Poverty 1 - \$1,337/mo 2 - \$1,803/mo	1 - \$7,280 2 - \$10,930	NO	the nursing facility. Medicaid pays the remainder of their cost of care.	the transferred resource.				
Working Disabled MWD	Full Medicaid Coverage	Age 65 or older	100% of Poverty 1 - \$ 990/mo 2 - \$1,335 /mo	SSI Limits 1 - \$2,000 2 - \$3,000	NO						

<sup>\*</sup> For Basic Coverage, the beneficiary does not have to meet the Social Security SGA requirement to be disabled. For Medically Improved coverage, the beneficiary does not have to meet the Social Security medical requirements for disability.

GROUP	BENEFITS	BASIC REQUIREMENTS **						
GROOF		Basic Eligibility Requirement	Income Limit (Updated 4/2016)		Deductible/ Spend down	Special Provisions		
Families & Children MAF- C/N	Full Medicaid coverage	Parents/Caretaker relatives must be living with and caring for a child to whom they are related who is under age 18.  Children must be under age 21.	1 - \$434/mo 2 - \$569/mo 3 - \$667/mo 4 - \$744/mo 5 - \$824/mo	YES	If income exceeds income limit and the indicator is "yes" the individual or family may be able to be eligible for Medicaid if they he can meet a deductible  Medicaid Deductible:  When an individual/family is ineligible for Medicaid due to income over the income limit, they may become eligible by meeting			
MAF-M	Full Medicaid coverage at the moment the deductible is met.	Parents/Caretaker relatives must be living with and caring for a child to whom they are related who is under age 18.  Children must be under age 21.	MNIL 1 - \$242/mo 2 - \$317/mo 3 - \$367/mo 4 - \$400/mo 5 - \$433/mo	YES	a Medicaid deductible. The deductible is determined by subtracting the Medically Needy Income Limit (MNIL) (see limits below) from the countable monthly income to determine the monthly excess income. Medicaid deductibles are generally determined for 6 months, so the monthly excess income is multiplied by 6 to determine the 6-mo. deductible. Once			
Pregnant Women MPW	Coverage is limited to treatment for conditions that affect the pregnancy.	A self-attestation of pregnancy and due date can be accepted as proof of pregnancy unless the county has information that contradicts the attestation	196% of Poverty 1 - \$1,941/mo 2 - \$2,617 /mo 3 - \$3,293/mo 4 - \$3,969/mo 5 - \$4,646/mo	YES	medical bills for which they are responsible totaling the amount of the deductible are incurred, they are authorized for the rest of the 6-mo. period. Medicaid cannot pay for any of the bills applied to the deductible.  M - Resource Limit: All Deductible cases have a resource limit:			
Children under age <1 MIC-1	Full Medicaid Coverage	Must be under age 1	194%-210% of Poverty 1 - \$2,079/mo 2 - \$2,804/mo 3 - \$3,528/mo 4 - \$4,253/mo 5 - \$4,977/mo	YES	Families and Children \$3,000 Aged, Blind and Disabled. 1-\$2,000			
Children under age <1 MIC-N	Full Medicaid Coverage	Must be under age 1	194% of Poverty 1 - \$,1921/mo 2 - \$2,590/mo 3 - \$3,260/mo 4 - \$3,929/mo 5 - \$4,598/mo	YES	2-\$3,000			
Children 1-5 MIC-1	Full Medicaid Coverage	Age must be 1-5	141%-210% of Poverty 1 - \$2,079/mo 2 - \$2,804/mo 3 - \$3,528/mo 4 - \$4,253/mo 5 - \$4,977/mo	YES				

GROUP	BENEFITS	BASIC REQUIREMENTS **					
GROUP	BENEFITS	Basic Eligibility Requirement	Income Limit (Updated 4/2016)	Resource Limit (Updated 4/2016)	Deductible/ Spend down	Special Provisions	
Children 1-5 MIC-N	Full Medicaid Coverage	Age must be 1-5	141% of Poverty 1 - \$1,396/mo 2 - \$1,883/mo 3 - \$2,369/mo 4 - \$2,856/mo 5 - \$3,342/mo	YES			
Children 6-18 MIC-1	Full Medicaid Coverage	Age must be 6 - 18	107% - 133% of Poverty 1 - \$1,317/mo 2 - \$1,776/mo 3 - \$2,235mo 4 - \$2,694/mo 5 - \$3,153/mo	YES			
Children age 6 thru 18 MIC-N	Full Medicaid Coverage	Age must be 6 - 18	107% of Poverty 1 - \$1,060/mo 2 - \$1,429/mo 3 - \$1,798/mo 4 - \$2,167/mo 5 - \$2,536/mo	YES			
Title IV-E Children IAS	Full Medicaid Coverage	Be an Title IV-E adoptive or foster child		NO	Medicaid eligibility is automatic. There is no income or resource determination.		
State Foster Care Children (HSF)	Full Medicaid Coverage	State Foster Care Children are evaluated as Families and Children's Group above.		YES	(If not eligible for HSF, then evaluate for other children's programs.)		
MFC-Medicaid for Former Foster Care	Full Medicaid Coverage	Be 18-26 and had been a Title IV-E or State foster child on 18 <sup>th</sup> birthday		NO	There are no income/resource limits		
Breast & Cervical Cancer Medicaid MAF-W	Full Medicaid Coverage	A woman who has been screened and enrolled in the NC Breast &Cervical Cancer Control Program and is otherwise ineligible for Medicaid Medicaid eligibility is automatic. There is no income or resource determination.		NO	To be eligible under the Breast and Cervical cancer Medicaid program, the woman cannot have any type of medical insurance including Medicare		

		BASIC REQUIREMENTS **						
GROUP	BENEFITS	Basic Eligibility Requirement	Income Limit (Updated 4/2016)	Resource Limit (Updated 4/2016)	Deductible/Spend down		Special Provisions	
Family Planning MAF-D	Family Planning exams & services. Screening & treatment for STI. Screenings for HIV. Sterilizations.	No AGE limit	195% of Poverty 1 - \$1,931/mo 2 - \$2,604/mo 3 - \$3,276/mo 4 - \$3,949/mo 5 - \$4,622/mo	No resource limit	No	There is no deductible or spend down provision for Family Planning coverage. If a beneficiaries income increases to more than 185%, he will be ineligible for family planning coverage		
NC Health Choice (NCHC)	Coverage of the NC State Employees Health Plan, plus vision, hearing, & dental	Be an uninsured child over age 5 & under age 19.	211% of Poverty 1 - \$2,089/mo 2 - \$2,817/mo 3 - \$3,545/mo 4 - \$4,273/mo 5 - \$5,001/mo	No resource limit	No	There is no deductible or spend down provision for NCHC. If a child is ineligible due to too much income, they will be evaluated for Medicaid with a deductible.	Income over 159% of poverty must pay enrollment fee. 1 - \$1,575.01 2\$2,123.01 3 - \$2,672.01 4 - \$3,220.01 5 - \$3,769.01	

<sup>\*\*</sup>This chart addresses benefits and basic eligibility requirements. Other requirements (such as citizenship/alien status, incarceration, & state residence) which can also affect eligibility or the level of benefits are not reflected on this chart.